

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H12129

FILED  
Mar 14, 2012  
Secretary of State

**Entity Name:** MANAGEMENT AFFILIATES, INC.

**Current Principal Place of Business:**

900 HOPE WAY  
ALTAMONTE SPRINGS, FL 32714 US

**New Principal Place of Business:**

**Current Mailing Address:**

900 HOPE WAY  
ALTAMONTE SPRINGS, FL 32714 US

**New Mailing Address:**

**FEI Number:** 59-2441645      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BROMME, JEFF  
900 HOPE WAY  
ALTAMONTE SPRINGS, FL 32714 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: PARADIS, BRIAN  
Address: 1051 OAK POINT CIR.  
City-St-Zip: APOPKA, FL 32712

Title: TD  
Name: WOOTEN, SCOTT  
Address: 302 MAGNOLIA OAKS DR.  
City-St-Zip: LONGWOOD, FL 32779

Title: D  
Name: WEDEL, EUGENE  
Address: 4773 LAKE CALABAY DRIVE  
City-St-Zip: ORLANDO, FL 32837

Title: CD  
Name: REINER, RICHARD  
Address: 1816 LOST PINE LANE  
City-St-Zip: APOPKA, FL 32712

Title: D  
Name: SEIFERT, LEWIS  
Address: 4029 COOLWATER CT.  
City-St-Zip: WINTER PARK, FL 32792

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BRIAN PARADIS

P

03/14/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date